

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038678

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 194

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>VERNON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Nevada</u>		c. CITY OR TOWN <u>Walker</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died En Route to Hospital</u>		d. STREET ADDRESS (if outside, give location) <u>Route #1</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Wesley</u> Last <u>Key</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept-17-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>		11. BIRTHPLACE (City and state or country) <u>Vernon Co, Mo.</u>	
13a. FATHER'S NAME <u>John S. Key</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Kelly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>8568 Mrs Ruth McCune, Taplin, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic heart disease</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> Address <u>2220 Hampton</u> INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>4-19-57</u> to <u>10-10-1963</u> and last saw him alive on <u>10-10-1963</u> Death occurred at <u>5:15 P.</u> on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Braxton Davis, M.D.</u>		22b. ADDRESS <u>Nevada, Mo.</u>	
22c. DATE SIGNED <u>10-12-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - Burial Oct-13-1963 Mt Pleasant Cemetery S.W. El Dorado Spgs, Mo.</u>	
23b. DATE <u>Oct-13-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Springs</u>	
24. FUNERAL DIRECTOR <u>Melvin L. Janssens, El Dorado Springs</u>		25. DATE RECD. BY LOCAL REG. <u>10-12-63</u>	
26. REGISTRAR'S SIGNATURE <u>Anna J. Perry</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Melvin L. Janssen

Licensed Embalmer No.

4529

P. O. Address

El Dorado Spgs.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.